

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>A-S</i>	<i>943</i>	<i>2-12-1</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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22	10
23	✓
24	0
25	✓
26	✓
27	✓
28	0
29	0
30	✓
31	✓
32	✓
33	✓
34	0
35	
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓✓
44	
45	N
46	✓✓
47	✓✓
48	✓=
49	N
50	✓✓

Claim	Date
51	12 6 3
52	30 2 5
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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